



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

May 10, 2001

Barbara W. Bonfiglio, Treasurer  
Mary Bono Committee  
P.O. Box 3370  
Palm Springs, CA 92263

Identification Number: C00332890

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Ms. Bonfiglio:

This letter is to inform you that as of May 9, 2001, the Commission has not received your response to our request for additional information, dated April 17, 2001. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

An adequate response must be received at the Commission by May 30, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Lisa Simpson on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Dana W. Reed, Treasurer  
Mary Bono Committee  
520 S. Grand Avenue, #700  
Los Angles, CA 90071

APR 17 2001

Identification Number: C00332890

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Ms. Reed:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses contributions which appear to exceed the limits set forth in the Act. Copies of the apparent excessive contributions are attached for your information. You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution(s) to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance or deposit of money, or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e), and (k))

If the contribution(s) in question was not completely or correctly reported, you should amend your original report using the correct information. If the contribution exceeds the limit, you should either refund to the donor the amount in excess of \$1,000 or request a written redesignation and/or reattribution of the contributions from the donor.

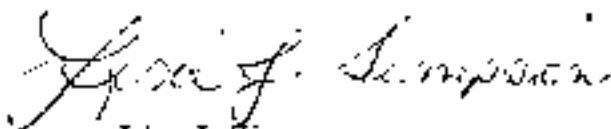
Your report also discloses a contribution(s) which appears to be from a corporation. A contribution from a corporation is prohibited unless made from a separate segregated fund established by the corporation. If the contribution(s) was prohibited, you should refund the full amount to the donor.

The Commission should be notified if a refund is necessary. Refunds, redesignations and reattributions of excessive contributions must be made within sixty days of receipt of the contribution. Refunds of prohibited contributions must be made within thirty days of the date the treasurer becomes aware of the impermissibility of the contribution. Refunds are reported on Line 20 and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (2 U.S.C. §§441a(a) and (f) and 441b(a); 11 CFR §104.8(d)(2), (3) and (4))

The acceptance of excessive and prohibited contributions is a serious problem. Again, the committee's procedures for processing contributions should be examined and corrected in order to avoid this problem. Although the Commission may take further legal action, prompt action by you to refund or seek redesignation and/or reattribution of the excessive amount will be considered.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Lisa J. Simpson  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 4  
FOR LINE NUMBER  
21 (a) (1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (in Full)

THE MARY BOND COMMITTEE

A. Full Name, Mailing Address and ZIP Code  ROBERT EDWARD ADDISON 1682 AIRPORT DRIVE RIVERSIDE CA 92504-	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer ADKAN BROTHERS	Date (month, day, year) 04/22/2000	Amount of Each Receipt this Period 1,000.00	
		Occupation LAND SURVEYOR	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code  WILLIE DAVIS 1611 N. LA BREA LOS ANGELES CA 90031-	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer ALC PRO BROADCASTING INC.	Date (month, day, year) 04/21/2000	Amount of Each Receipt this Period 1,000.00	
		Occupation PRESIDENT AND CEO	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code  CLINTY DOMENIGOWI 3189 WINCHESTER ROAD WINCHESTER CA 92596-	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer CLINTY DOMENIGOWI	Date (month, day, year) 04/24/2000	Amount of Each Receipt this Period 1,000.00	
		Occupation REAL ESTATE MANAGEMENT & FARMING	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code  ROBERT EICHENBERG X-TECHING ISLAND MISSION BEACH CA 92662-1003	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer ELLISON EDUCATIONAL	Date (month, day, year) 04/29/2000	Amount of Each Receipt this Period 1,000.00	
		Occupation CHAIRMAN	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code  CATY GILL 2529 SANTA MONICA LOS ANGELES CA 90003-	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer CATY GILL	Date (month, day, year) 04/16/2000	Amount of Each Receipt this Period 1,000.00	
		Occupation RADIO STATION OWNER/MANAGER	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code  ROGER S. HOFFMAN 402 W. 5TH, SUITE 200, APT. 312	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer ROGER S. HOFFMAN	Date (month, day, year) 05/13/2000	Amount of Each Receipt this Period 250.00	
		Occupation FINANCE	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code  HENRY N. JAHNIG 1615 CENTURY PARK EAST, SUITE 1400	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer LAW OFFICES OF HENRY N. JAHNIG	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 500.00	
		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00		
SUBTOTAL of Receipts This Page (optional) .....				5,750.00	
TOTAL This Period (last page this line number only) .....					

**SCHEDULE A****ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 4 OF 18  
FOR LINE NUMBER  
11141 (\$)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

THE MARY-BOONE COMMITTEE

A. Full Name, Mailing Address and ZIP Code DONALD H. CRAVENS 899 ISLAND DRIVE, #213 RANCHO MIRAGE CA 92270	Name of Employer  RETIRED	Date (month, day, year) 07/13/2000	Amount of Each Receipt this Period 444.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 444.00		
B. Full Name, Mailing Address and ZIP Code RICHARD CROCKETT III P.O. BOX 2207 DESERT HOT SPRINGS CA 92240-	Name of Employer ONLINE TRAVEL AGENCY	Date (month, day, year) 07/24/2000	Amount of Each Receipt this Period 244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Occupation GENERAL MANAGER & C.E.O.		
C. Full Name, Mailing Address and ZIP Code MARGARET E. CUMMIES 1287 TURF PARADISE RANCHO MIRAGE CA 92270	Name of Employer  RETIRED	Date (month, day, year) 09/11/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 244.00		
D. Full Name, Mailing Address and ZIP Code MICHAEL L. DAVIDSON-GILFILLEN P.O. BOX 116 BIRCH MEADOWS CA 92261	Name of Employer  HOMEMAKER	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code CINDY DOMENIGONI 33851 WINCHESTER ROAD PO BOX 1000 WINCHESTER CA 92596-	Name of Employer CINDY DOMENIGONI	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 222.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE MANAGEMENT & FARM INC		
F. Full Name, Mailing Address and ZIP Code JEAN DOMENIGONI 3381 BOLAND RD PO BOX 1000 WINCHESTER CA 92596-	Aggregate Year-to-Date > \$ 1,222.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer  RETIRED	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 222.00
G. Full Name, Mailing Address and ZIP Code DEAVIS DU BARRY-BAY 78150 CALLE TAMIZCO #200 LA JOLLA CA 92033	Aggregate Year-to-Date > \$ 222.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Name of Employer THANE MARKETING INTERNATIONAL	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 444.00
H. Full Name, Mailing Address and ZIP Code DU BARRY-BAY 78150 CALLE TAMIZCO #200 LA JOLLA CA 92033	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 664.00		

**SUBTOTAL of Receipts This Page (optional) .....** 2,776.00

**TOTAL This Period (Total page this line number only) .....**

**SCHEDULE A****ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (02/12/2000-03/31/2000)	PAGE OF 2 2
FOR LINE NUMBER 11(a)(i)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

The Mary Bono Committee C00332890

A. Full Name, Mailing Address and ZIP Code SUSAN B. KING 207 GLADE CT RANCHO MIRAGE, CA 92270	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  INFORMATION REQUESTED Aggregate Year-to-Date > \$ 500.00	Date(month, day, year) 03/10/2000	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code GEORGE KIRKJAN 45-645 CIEBLITO DRIVE INDIAN WELLS, CA 92210	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VALLEY DATE  Occupation AGRICULTURE Aggregate Year-to-Date > \$ 250.00	Date(month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code JEFFREY KURZWEIL 809 OLDE GEORGETOWN CT CLOUD FALLS, VA 22066-2700	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JEFFREY KURZWEIL  Occupation ATTORNEY Aggregate Year-to-Date > \$ 1,000.00	Date(month, day, year) 02/23/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code MARK B. LOGAN 1110 BAY LAUREL DRIVE MENLO PARK, CA 94025	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VISX, INC  Occupation EXECUTIVE Aggregate Year-to-Date > \$ 500.00	Date(month, day, year) 02/19/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code THOMAS F. RAILSBACH 40100 VIA LOS ALTOS RANCHO MIRAGE, CA 92270	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TOM RAILSBACH  Occupation ATTORNEY Aggregate Year-to-Date > \$ 500.00	Date(month, day, year) 02/20/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code SUS A. WALKER 6065 PARKRIDGE DRIVE EAST PETERSBURG, PA 17520	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date(month, day, year) 02/25/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date(month, day, year)	Amount of Each Receipt this Period
H. Full Name, Mailing Address and ZIP Code	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 3,250.00	Date(month, day, year)	Amount of Each Receipt this Period
TOTAL (for the period last page this line number only)				7,750.00

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 8 OF 16  
FOR LINE NUMBER  
11(a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (in Full)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code KENNETH A. JOHNSON 400 TOYOTA DR. #960 PACIFIC PALISADES CA 90272-	Name of Employer JOHNSON COMMUNICATIONS  Occupation INVESTOR/OWNER Aggregate Year-to-Date > \$ 644.00	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 644.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code KENNETH A. JOHNSON 400 TOYOTA DR. #960 PACIFIC PALISADES CA 90272-	Name of Employer JOHNSON COMMUNICATIONS  Occupation INVESTOR/OWNER Aggregate Year-to-Date > \$ 644.00	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period 200.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code SUSAN KAMMRE 10160 TRAILWOOD HELMET CA 92545	Name of Employer INFORMATION REQUESTED  Occupation REGISTRED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/21/2000	Amount of Each Receipt this Period 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code RICHARD KELLEY 44926 BAUTISTA CANYON ROAD KEMER CA 92544-	Name of Employer RICHARD C. KELLEY  Occupation REGISTRED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code SCOTT D. KING 1701 AMBASSY CT PACIFIC MINUTE CA 92270-	Name of Employer INFORMATION REQUESTED  Occupation Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 09/23/2000	Amount of Each Receipt this Period 1,000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code NANCY V. MORRISON 1499 STONEBROOK DRIVE MAIL CO 81457-5166	Name of Employer INFORMATION REQUESTED  Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/17/2000	Amount of Each Receipt this Period 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code JEFFREY KUREWELL 809 1/2 DR GEORGETOWN CT GLEN FALLS VA 22066-2700	Name of Employer JEFFREY KUREWELL  Occupation ATTORNEY Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1,000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 3,394.00

TOTAL This Period (last page this line number only) 3,394.00

**SCHEDULE A****ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(Business - Personal)

PAGE OF  
8 8  
FOR LINE NUMBER  
**11 (a) (1)**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to which contributions from such committee.

**NAME OF COMMITTEE (In Full)**

The Merry Bone Committee C00332890

A. Full Name, Mailing Address and ZIP Code Mr. Mark Stiefel 32750 Holland Rd. Sanchester, CA 92596	Name of Employer Self	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 600.00
<b>Recipient For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Dairymen	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code Mr. Wayne Stroschein PO Box 1030 Blythe, CA 92226	Name of Employer None	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 300.00
<b>Recipient For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code Mrs. Rozene R. Supple Smoke Tree Ranch Palm Springs, CA 92264	Name of Employer Smoke Tree Ranch	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 300.00
<b>Recipient For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Owner	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Recipient For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Recipient For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Recipient For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Recipient For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
<b>SUBTOTAL of Receipts This Page (optional)</b>			1,200.00
<b>TOTAL This Period (Just page this line number only)</b>			25,800.00

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Decaded Summary PagePAGE 16 OF 19  
FOR LINE NUMBER  
11(a)(1)

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## NAME OF COMMITTEE (In Full)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code MILD A. STEVANOVIC 375 S. RODEO DR. BEVERLY HILLS CA 90210	Name of Employer INFORMATION REQUESTED	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 2,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code MARK STIEBEL 32750 HOLLOW RD. WINCHESTER CA 92596	Name of Employer MARK STIEBEL	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 444.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DRIVERMAN		
	Aggregate Year-to-Date > \$ 444.00		
C. Full Name, Mailing Address and ZIP Code CHARLES R. STRICKER 45-260 CLUB DR. INDIAN WELLS CA 92210	Name of Employer INFORMATION REQUESTED	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code RONALD E. SUPPLE SMOKE TREE RANCH PALM SPRINGS CA 92264	Name of Employer KPSI RADIO CORP.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	OWNER		
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code RONALD E. SUPPLE SMOKE TREE RANCH PALM SPRINGS CA 92264	Name of Employer SMOKE TREE RANCH	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	OWNER		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code TATE INVESTMENT PROPERTIES 555 N. FLORIDA AVN. XMET CA 92543	Name of Employer (PARTNERSHIP)	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 250.00 SEE ATTACHED ATTACHMENT.
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code STEPHEN C. TEELE 1505 CRESTVIEW ROAD PALMDES CA 92374	Name of Employer INFORMATION REQUESTED	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
SUBTOTAL of Receipts This Page (optional) .....			4,944.00
TOTAL This Period (last page this line number only) .....			
11(a)(1) (b)(5)			

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER  
11(f) (1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

THE BART BOOM COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer INFORMATION REQUESTED	Date (month, day, year)	Amount of Each Receipt this Period
ANIL RASTOGI, M.D. 1225-BU LATHA AVENUE SUITE 100 IRVINE CA 92618-4415	Occupation PHYSICIAN Aggregate Year-to-Date > \$ 0.00	08/26/2000	250.00 500 DR REFUNDED
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer ARDET	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mr. GEORGE ARGYROS 949 SOUTH COAST DR., #600 CORONA MESA CA 92626	Occupation DEVELOPER Aggregate Year-to-Date > \$ 1,000.00	07/05/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer ARDET	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code LOUIS ALTA 38 FOREST RD. MONTAUK BEACH NY 11978	Occupation RETIRED Aggregate Year-to-Date > \$ 350.00	09/25/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer ARDET	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Mr. GUY K. BAILEY 17325 MEDYTHA DR. WEST PALM DESERT CA 92260	Occupation RETIRED Aggregate Year-to-Date > \$ 244.00	07/14/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer ARDET	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code BARON C & P ACCOUNT 1095 BARON Rd. LAKEWOOD CA 92040	Occupation RETIRED Aggregate Year-to-Date > \$ 1,000.00	09/31/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer ARDET	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code MEASURED REALTY 73342 LUMARIA #510 Newport PALM DESERT CA 92260	Occupation RETIRED Aggregate Year-to-Date > \$ 244.00	08/08/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer CALIFORNIA EYE PROFESSIONALS	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code W. BLASS 448 ADELAIDE DR. SANTA MONICA CA 90402	Occupation OPHTHALMOLOGIST Aggregate Year-to-Date > \$ 250.00	08/30/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			3,238.00
SUBTOTAL of Receipts This Page (optional) .....			
TOTAL This Period (last page this line number only) .....			

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
11(a)(i)

Any information copied from such Reports and Statements may not be used or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (in Full)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code <b>MARTIN ROGERE-BIXLEY</b> 1130 SHERANDORF RD. SAN MARINO CA 91108-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	HOMEMAKER	09/29/2000	2,000.00
B. Full Name, Mailing Address and ZIP Code <b>MR. MALCOLM P. REILLY</b> 50-080 INDIAN CAMP ROAD LA QUATRA CA 92253-1627	Aggregate Year-to-Date > \$	2,000.00	
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	RETIRED	09/20/2000	300.00
C. Full Name, Mailing Address and ZIP Code <b>ROBERT W. RITTER</b> 500 NORTH ARROWHEAD AVE., STE. 300 SAN BERNARDINO CA 92401-1148	Aggregate Year-to-Date > \$	500.00	
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	GRESHAM, SAVAGE, NOLAN & TILDELL, LLP	08/30/2000	444.00
D. Full Name, Mailing Address and ZIP Code <b>MR. ROBERT RIVKIN</b> 73400 PARKWOOD LANE PALM SPRINGS CA 92262-	Occupation		
	ATTORNEY		
	Aggregate Year-to-Date > \$	444.00	
E. Full Name, Mailing Address and ZIP Code <b>MARY ROCHE</b> 44-910 LAKESIDE DRIVE INDIAN WELLS CA 92210-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	INFORMATION REQUESTED	08/07/2000	244.00
	Occupation		
F. Full Name, Mailing Address and ZIP Code <b>CHARLES J. ROGRESS</b> 1409 SEVEN HILLS DR. WENET CA 92545	INVESTOR		
	Aggregate Year-to-Date > \$	244.00	
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code <b>MARGARET M. ROSENTHAL</b> 1616 GRANT AVE. INDIAN WELLS CA 92210	R.K. ROCKS, INCORPORATED	09/14/2000	1,000.00
	Occupation		
	OWNER		
H. Full Name, Mailing Address and ZIP Code <b>CHARLES J. ROGRESS</b> 1409 SEVEN HILLS DR. WENET CA 92545	Aggregate Year-to-Date > \$	1,000.00	
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	VALLEY MERCHANT BANK	08/10/2000	250.00
I. Full Name, Mailing Address and ZIP Code <b>MARGARET M. ROSENTHAL</b> 1616 GRANT AVE. INDIAN WELLS CA 92210	Occupation		
	BANKER		
	Aggregate Year-to-Date > \$	250.00	
J. Full Name, Mailing Address and ZIP Code <b>MARGARET M. ROSENTHAL</b> 1616 GRANT AVE. INDIAN WELLS CA 92210	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ROSENTHAL AND EXCELS COMMERCIAL REAL STATE	08/26/2000	250.00
	Occupation		
K. Full Name, Mailing Address and ZIP Code <b>MARGARET M. ROSENTHAL</b> 1616 GRANT AVE. INDIAN WELLS CA 92210	OFFICE MANAGER		
	Aggregate Year-to-Date > \$	250.00	

SUBTOTAL of Receipts This Page (optional) ..... 4,688.00

TOTAL This Period (use page this line number only) .....

